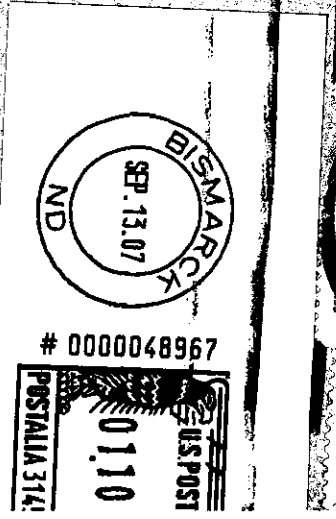


CGB-CC-0738

Ultimate Outdoor Adventures
3205 89 A-53
Bismarck NO 58504

PM
2007

Commissions Secretary
Office of Secretary, Federal Communications
ATT CGB Room 3-B431
445 12 Street SW
Washington, DC 20554





Ultimate Outdoor Adventures LLP
3205 89th Ave. SE
Bismarck, North Dakota
701-391-2438

John Arman
Television Host
Owner/Manager
Executive Producer

September 2007

In the Matter Of:

Ultimate Outdoor Adventures, LLP
For Exemption from the Closed Captioning Requirements
Section 79.1 of the Commission's Rules

Attn: Consumer and Governmental Affairs Bureau,
Disabilities Rights Office Federal Communications Commission

PETITION FOR EXEMPTION

Ultimate Outdoor Adventures, LLP ("UOA"), by its owner John Arman, hereby reverently requests an exemption from the closed captioning requirements of Section 79.1 of the Commissions Rule's and Regulations. In support thereof, it is alleged:

I. PRELIMINARY STATEMENT

Ultimate Outdoor Adventures, LLP is an independently owned operation. But, what makes this operation different than many larger programs is that I am also a "Full-Time" Special Education Teacher within the Bismarck Public School District; therefore, I have limited time to put forth towards programming/editing. UOA consists of one owner and (2) partners who "do not" receive any monetary compensation for there assistance, and they too have other full-time jobs; one is a full-time taxidermist and the other is a full-time 6th grade teacher. UOA produces a weekly television program, October through March, thirty-minutes in length titled, "Ultimate Outdoor Adventures TV." Currently, one television station is carrying "Ultimate Outdoor Adventures TV."

UOA is in its fifth season and on average produces revenues of approximately \$38,000.00 per year. However, UOA has business debt, arising from the startup of the business, which is nearly half of the yearly revenue, and although this may seem minimal in comparison, it is the principal expense of UOA. This expense is due to the fact that I am a "Full-Time" Special Education Teacher, and I had to build/equip an office alongside my place of residence which would allow me to work late at night, and be close to my family.

II. REASONS FOR EXEMPTIONS

The nature and cost of the closed captions for the programming: UOA has thoroughly investigated the option of closed captions for the programming and according to our findings; it would cost UOA more than 25% of its annual revenue. This does not include the cost of shipping to and from the company that

would complete the dubbing, but because of other full-time commitments, an employee would have to be hired and compensated through salary in order to handle the paperwork associated with the closed captioning and because of the minimal yearly revenue, this is not an option.

The impact on the operation of the provider or program owner: UOA is a "very" small operation with one owner, and two partners who "Do Not" receive monetary compensation and are not on any type of payroll. And, due to the fact that I have a full-time teaching position within the Bismarck Public School District, and my partners also have full-time jobs, I/we cannot handle the paperwork, shipping/transportation, arrangements with the dubbing company, and other miscellaneous burdens associated with closed captioning. Due to our limited budget I personally sell all the advertising, film, edit and produce the entire show in its entirety. It is an assurance that an employee would either have to be hired to complete all tasks involved with the burden of closed captioning for the programming, and/or I would have to quit my current full-time teaching position. Which is absolutely not possible.

The financial resources of the provider or program owner: Currently, UOA provides its weekly thirty-minute programs, October - March, to one television station. This television station generates gross revenue of approximately \$38,000.00 per year. However, nearly all of the generated revenue is reserved for the cost of airtime, current debt, travel expenses, advertising expenses, and production/equipment cost and maintenance. Unfortunately, adding another \$10,000.00 for the cost/service of closed captioning would seriously damage the quality of the program, and possibly make it impracticable to produce/broadcast.

The type of operations of the provider or program owner: Ultimate Outdoor Adventures, LLP produces a weekly program, October - March, devoted to teaching, educating, and entertaining through the heritage of hunting and fishing. As a full-time special educator in Bismarck, North Dakota, I work with and am empathetic towards those that are hearing and seeing impaired, and although Ultimate Outdoor Adventures LLP is a small operation with a current broadcast population of less than 150,000 households; I do not doubt that some hearing impaired person(s) would watch the program on a consistent basis if it were closed captioned; however, not a single complaint has been submitted and/or received to verify this statement. And, because UOA programming is not unique, there are entire television stations dedicated twenty-four hours per day to hunting and fishing programs that are owned and produced by much larger companies, which are available to the hearing impaired, with closed captioning.

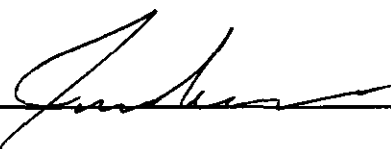
III. Conclusion

I am confident that I have provided enough data that supports the fact that UOA is a very small business, owned by one individual who is also a full-time Special Education Teacher within the Bismarck Public School District, but trying to use minimal time and opportunities to provide an educational and entertaining program within an already saturated market. And, the cost of having to add closed captioning to any of the programs would amount to extreme, time-consuming burdens of which might result in program cancellation. Not yet mentioned, but due to my full-time teaching commitment, allowing for minimal time to film/edit, many programs are given to the television station and broadcast within one or two weeks of the actual filming; obviously, this would not be possible if closed captioning

was required. I have also shown that because of the "non-unique" nature of the program (hunting and fishing) offered by UOA, there are numerous other similar programs broadcast most every hour whose annual income and large production staff can/do provide closed captioning.

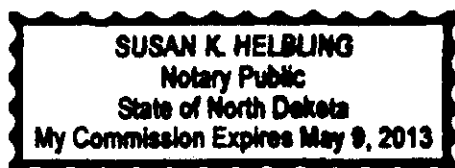
Therefore, I am confident that I have verified compliance with all the factors specified in 79.1(f) of the Commission's Rules and Regulations. Accordingly, Ultimate Outdoor Adventures LLP should be issued an exemption from the closed captioning requirements. . Because we do this part time we basically are only able to work weekends or late nights. I am certain if we are asked to do this we will be forced to discontinue our show.

Respectfully Submitted,
Ultimate Outdoor Adventures, LLP



John Arman
Owner

Today's Date 9/4/07



Susan K. Helbling 9/4/07
Burleigh County, ND
Commission Expires 5/9/13

I John Arman due solemnly swear that the written statement of facts I have provide are true and are correct to the best of my knowledge before a notary of republic. I swear to tell the truth and accuracy of the statement contained in the affidavit.

State of North Dakota

County of Burleigh

Signed and sworn to (affirmed) before me on Sept. 4, 2007 date by
John Arman (name(s) of person(s) making statement.

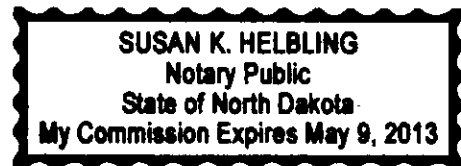
John Arman

Notary of Republic

Title(Rank) Susan K. Helbling

Printed Name Susan K. Helbling

My commissions expire May 9, 2013



Client Copy

Form 1065 Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2006, or tax year beginning _____, 2006, ending _____, 20____ ▶ See separate instructions.		OMB No. 1545-0099 2006
A Principal business activity Video Production	Use the IRS label. Otherwise, print or type.	Name of partnership Ultimate Outdoor Adventures		D Employer identification number 26 [redacted]
B Principal product or service Hunting/Fishing Videos		Number, street, and room or suite no. If a P.O. box, see the instructions. 2870 Warick Loop		E Date business started 1/1/03
C Business code number 515210		City or town, state, and ZIP code Bismarck, ND 58503		F Total assets (see the instructions) \$

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ _____ **2**

J Check if Schedule M-3 required (attach Schedule M-3) ☐

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a	35814			1c	35814
	b Less returns and allowances	1b					
	2 Cost of goods sold (Schedule A, line 8)				2		
	3 Gross profit. Subtract line 2 from line 1c.				3		
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement).				4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))				5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				6		
	7 Other income (loss) (attach statement)				7		
8 Total income (loss). Combine lines 3 through 7				8		35814	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)				9		
	10 Guaranteed payments to partners				10		
	11 Repairs and maintenance				11		
	12 Bad debts				12		
	13 Rent				13		
	14 Taxes and licenses				14		
	15 Interest				15		1422
	16a Depreciation (if required, attach Form 4562)	16a	343				
	b Less depreciation reported on Schedule A and elsewhere on return	16b			16c		343
	17 Depletion (Do not deduct oil and gas depletion.)				17		
	18 Retirement plans, etc.				18		
	19 Employee benefit programs				19		
	20 Other deductions (attach statement)				20		53220
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20				21		54985
	22 Ordinary business income (loss). Subtract line 21 from line 8				22		-19171
23 Credit for federal telephone excise tax paid (attach Form 8913)				23			

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Signature of general partner or limited liability company member manager			Date	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP code	Michael E DeWall 2902 Illinois Drive, Bismarck, ND 58503		EIN ▶	(701) 258-6839

Schedule A Cost of Goods Sold (see the instructions)

1	Inventory at beginning of year	
2	Purchases less cost of items withdrawn for personal use	
3	Cost of labor	
4	Additional section 263A costs (attach statement)	
5	Other costs (attach statement)	
6	Total. Add lines 1 through 5	
7	Inventory at end of year	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost as described in Regulations section 1.471-3

(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4

(iii) ☐ Other (specify method used and attach explanation) ▶

b Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) . . . ▶ ☐

c Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970). . . ▶ ☐

d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? . . . ☐ Yes ☐ No

e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☐ No

If "Yes," attach explanation.

Schedule B Other Information

	Yes	No
1 What type of entity is filing this return? Check the applicable box:		
a <input checked="" type="checkbox"/> Domestic general partnership		
b <input type="checkbox"/> Domestic limited partnership		
c <input type="checkbox"/> Domestic limited liability company		
d <input type="checkbox"/> Domestic limited liability partnership		
e <input type="checkbox"/> Foreign partnership		
f <input type="checkbox"/> Other ▶		
2 Are any partners in this partnership also partnerships?		✓
3 During the partnership's tax year, did the partnership own any interest in another partnership or in any foreign entity that was disregarded as an entity separate from its owner under Regulations sections 301.7701-2 and 301.7701-3? If yes, see instructions for required attachment		✓
4 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		✓
5 Does this partnership meet all three of the following requirements?		
a The partnership's total receipts for the tax year were less than \$250,000;		
b The partnership's total assets at the end of the tax year were less than \$600,000; and		
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item N on Schedule K-1.	✓	
6 Does this partnership have any foreign partners? If "Yes," the partnership may have to file Forms 8804, 8805 and 8813. See the instructions.		✓
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		✓
8 Has this partnership filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?		✓
9 At any time during calendar year 2006, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country. ▶		✓
10 During the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520. See the instructions.		✓
11 Was there a distribution of property or a transfer (for example, by sale or death) of a partnership interest during the tax year? If "Yes," you may elect to adjust the basis of the partnership's assets under section 754 by attaching the statement described under <i>Elections Made By the Partnership</i> in the instructions		✓
12 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return ▶		

Designation of Tax Matters Partner (see the instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶

Identifying number of TMP ▶

Address of designated TMP ▶

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	-19171
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14a Net earnings (loss) from self-employment	14a	
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶	16a	
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive ▶ e Listed categories (attach statement) ▶ f General limitation ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive ▶ j Listed categories (attach statement) ▶ k General limitation ▶	16k	
	l Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties—gross income	17d	
	e Oil, gas, and geothermal properties—deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	220
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	-19171
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
a General partners							
b Limited partners							

Schedule L Balance Sheets per Books

		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash					
2a Trade notes and accounts receivable					
b Less allowance for bad debts					
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities					
6 Other current assets (attach statement)					
7 Mortgage and real estate loans					
8 Other investments (attach statement)					
9a Buildings and other depreciable assets					
b Less accumulated depreciation					
10a Depletable assets					
b Less accumulated depletion					
11 Land (net of any amortization)					
12a Intangible assets (amortizable only)					
b Less accumulated amortization					
13 Other assets (attach statement)					
14 Total assets					
Liabilities and Capital					
15 Accounts payable					
16 Mortgages, notes, bonds payable in less than 1 year					
17 Other current liabilities (attach statement)					
18 All nonrecourse loans					
19 Mortgages, notes, bonds payable in 1 year or more					
20 Other liabilities (attach statement)					
21 Partners' capital accounts					
22 Total liabilities and capital					

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books		8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

2006

For calendar year 2006, or tax
year beginning _____, 2006
ending _____, 20____Partner's Share of Income, Deductions,
Credits, etc.

See back of form and separate instructions.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

Part I Information About the PartnershipA Partnership's employer identification number
[REDACTED]

B Partnership's name, address, city, state, and ZIP code

Ultimate Outdoor Adventures
2870 Warwick Loop
Bismarck, ND 58504

C IRS Center where partnership filed return

Ogden, UT

D ☐ Check if this is a publicly traded partnership (PTP)E ☐ Tax shelter registration number, if any _____F ☐ Check if Form 8271 is attached**Part II Information About the Partner**G Partner's identifying number
[REDACTED]

H Partner's name, address, city, state, and ZIP code

Kurt P Schirado
2870 Warwick Loop
Bismarck, ND 58504I ☒ General partner or LLC
member-manager☐ Limited partner or other LLC
memberJ ☐ Domestic partner☐ Foreign partnerK What type of entity is this partner? Individual

L Partner's share of profit, loss, and capital:

	Beginning		Ending
Profit	50 %		50 %
Loss	50 %		50 %
Capital	50 %		50 %

M Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ _____

N Partner's capital account analysis:

Beginning capital account \$ _____

Capital contributed during the year \$ _____

Current year increase (decrease) \$ _____

Withdrawals & distributions \$ (_____) _____

Ending capital account \$ _____

☐ Tax basis ☐ GAAP ☐ Section 704(b) book

☐ Other (explain) _____

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	15 Credits
-9585	
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses
11 Other income (loss)	
12 Section 179 deduction	19 Distributions
13 Other deductions	
14 Self-employment earnings (loss)	20 Other information

*See attached statement for additional information.

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

1. **Ordinary business income (loss).** You must first determine whether the income (loss) is passive or nonpassive. Then enter on your return as follows:

Passive loss
Passive income
Nonpassive loss
Nonpassive income

Report on

See the Partner's Instructions
Schedule E, line 28, column (g)
Schedule E, line 28, column (h)
Schedule E, line 28, column (i)

2. **Net rental real estate income (loss)**

See the Partner's Instructions

3. **Other net rental income (loss)**

Net income
Net loss

Schedule E, line 28, column (g)
See the Partner's Instructions

4. **Guaranteed payments**

Schedule E, line 28, column (j)

5. **Interest income**

Form 1040, line 8a

- 6a. **Ordinary dividends**

Form 1040, line 9a

- 6b. **Qualified dividends**

Form 1040, line 9b

7. **Royalties**

Schedule E, line 4

8. **Net short-term capital gain (loss)**

Schedule D, line 5, column (f)

- 9a. **Net long-term capital gain (loss)**

Schedule D, line 12, column (f)

- 9b. **Collectibles (28%) gain (loss)**

28% Rate Gain Worksheet, line 4
(Schedule D Instructions)

- 9c. **Unrecaptured section 1250 gain**

See the Partner's Instructions

10. **Net section 1231 gain (loss)**

See the Partner's Instructions

11. **Other income (loss)**

Code

A Other portfolio income (loss)
B Involuntary conversions
C Sec. 1256 contracts & straddles
D Mining exploration costs recapture
E Cancellation of debt
F Other income (loss)

See the Partner's Instructions
See the Partner's Instructions
Form 6781, line 1
See Pub. 535
Form 1040, line 21 or Form 982
See the Partner's Instructions

12. **Section 179 deduction**

See the Partner's Instructions

13. **Other deductions**

A Cash contributions (50%)
B Cash contributions (30%)
C Noncash contributions (50%)
D Noncash contributions (30%)
E Capital gain property to a 50% organization (30%)
F Capital gain property (20%)

See the Partner's Instructions

G Investment interest expense
H Deductions—royalty income
I Section 59(e)(2) expenditures
J Deductions—portfolio (2% floor)
K Deductions—portfolio (other)
L Amounts paid for medical insurance

Form 4952, line 1
Schedule E, line 18
See the Partner's Instructions
Schedule A, line 22
Schedule A, line 27
Schedule A, line 1 or Form 1040, line 29

M Educational assistance benefits
N Dependent care benefits
O Preproductive period expenses
P Commercial revitalization deduction from rental real estate activities
Q Pensions and IRAs
R Reforestation expense deduction
S Domestic production activities information
T Qualified production activities income
U Employer's W-2 wages
V Other deductions

See the Partner's Instructions
Form 2441, line 12
See the Partner's Instructions
See Form 8582 Instructions
See the Partner's Instructions
See the Partner's Instructions
See Form 8903 instructions
Form 8903, line 7
Form 8903, line 13
See the Partner's Instructions

14. **Self-employment earnings (loss)**

Note. If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.

A Net earnings (loss) from self-employment
B Gross farming or fishing income
C Gross non-farm income

Schedule SE, Section A or B
See the Partner's Instructions
See the Partner's Instructions

15. **Credits**

A Low-income housing credit (section 42(j)(5))
B Low-income housing credit (other)
C Qualified rehabilitation expenditures (rental real estate)
D Other rental real estate credits
E Other rental credits
F Undistributed capital gains credit
G Credit for alcohol used as fuel
H Work opportunity credit
I Welfare-to-work credit
J Disabled access credit

See the Partner's Instructions

Form 1040, line 70; check box a
See the Partner's Instructions

See the Partner's Instructions

Code

Report on

K Empowerment zone and renewal community employment credit

Form 8844, line 3

L Credit for increasing research activities

M New markets credit

N Credit for employer social security and Medicare taxes

See the Partner's Instructions

O Backup withholding

Form 1040, line 64

P Other credits

See the Partner's Instructions

16. **Foreign transactions**

A Name of country or U.S. possession

B Gross income from all sources

C Gross income sourced at partner level

Form 1116, Part I

Foreign gross income sourced at partnership level

D Passive

E Listed categories

F General limitation

Form 1116, Part I

Deductions allocated and apportioned at partner level

G Interest expense

Form 1116, Part I

H Other

Form 1116, Part I

Deductions allocated and apportioned at partnership level to foreign source income

I Passive

J Listed categories

K General limitation

Form 1116, Part I

Other information

L Total foreign taxes paid

Form 1116, Part II

M Total foreign taxes accrued

Form 1116, Part II

N Reduction in taxes available for credit

Form 1116, line 12

O Foreign trading gross receipts

Form 8873

P Extraterritorial income exclusion

Form 8873

Q Other foreign transactions

See the Partner's Instructions

17. **Alternative minimum tax (AMT) items**

A Post-1986 depreciation adjustment

B Adjusted gain or loss

C Depletion (other than oil & gas)

D Oil, gas, & geothermal—gross income

E Oil, gas, & geothermal—deductions

F Other AMT items

See the Partner's Instructions and the Instructions for Form 6251

18. **Tax-exempt income and nondeductible expenses**

A Tax-exempt interest income

Form 1040, line 8b

B Other tax-exempt income

See the Partner's Instructions

C Nondeductible expenses

See the Partner's Instructions

19. **Distributions**

A Cash and marketable securities

See the Partner's Instructions

B Other property

See the Partner's Instructions

20. **Other information**

A Investment income

Form 4952, line 4a

B Investment expenses

Form 4952, line 5

C Fuel tax credit information

Form 4136

D Qualified rehabilitation expenditures (other than rental real estate)

See the Partner's Instructions

E Basis of energy property

See the Partner's Instructions

F Recapture of low-income housing credit (section 42(j)(5))

Form 8611, line 8

G Recapture of low-income housing credit (other)

Form 8611, line 8

H Recapture of investment credit

Form 4255

I Recapture of other credits

See the Partner's Instructions

J Look-back interest—completed long-term contracts

Form 8697

K Look-back interest—income forecast method

Form 8697

L Dispositions of property with section 179 deductions

Form 8697

M Recapture of section 179 deduction

N Interest expense for corporate partners

O Section 453(j)(3) information

P Section 453A(c) information

Q Section 1260(b) information

R Interest allocable to production expenditures

See the Partner's Instructions

S CCF nonqualified withdrawals

T Information needed to figure depletion—oil and gas

U Amortization of reforestation costs

V Unrelated business taxable income

W Other information

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

2006

For calendar year 2006, or tax
year beginning _____, 2006
ending _____, 20__**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

Part I Information About the Partnership**A** Partnership's employer identification number
[REDACTED]**B** Partnership's name, address, city, state, and ZIP code**Ultimate Outdoor Adventures**
2870 Warwick Loop
Bismarck, ND 58504**C** IRS Center where partnership filed return**Ogden, UT****D** ☐ Check if this is a publicly traded partnership (PTP)**E** ☐ Tax shelter registration number, if any _____**F** ☐ Check if Form 8271 is attached**Part II Information About the Partner****G** Partner's identifying number
[REDACTED]**H** Partner's name, address, city, state, and ZIP code**John W Armon**
3205 89th Ave SE
Bismarck, ND 58504**I** ☒ General partner or LLC
member-manager☐ Limited partner or other LLC
member**J** ☐ Domestic partner☐ Foreign partner**K** What type of entity is this partner? Individual**L** Partner's share of profit, loss, and capital:

	Beginning		Ending
Profit	50 %		50 %
Loss	50 %		50 %
Capital	50 %		50 %

M Partner's share of liabilities at year end:

Nonrecourse	\$ _____
Qualified nonrecourse financing	\$ _____
Recourse	\$ _____

N Partner's capital account analysis:

Beginning capital account	\$ _____
Capital contributed during the year	\$ _____
Current year increase (decrease)	\$ _____
Withdrawals & distributions	\$ (_____)
Ending capital account	\$ _____

☐ Tax basis ☐ GAAP ☐ Section 704(b) book
☐ Other (explain) _____
**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)	15 Credits
-9586	
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	18 Tax-exempt income and nondeductible expenses
11 Other income (loss)	
12 Section 179 deduction	19 Distributions
13 Other deductions	20 Other information
14 Self-employment earnings (loss)	

*See attached statement for additional information.

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

1. **Ordinary business income (loss).** You must first determine whether the income (loss) is passive or nonpassive. Then enter on your return as follows:

	Report on
Passive loss	See the Partner's Instructions
Passive income	Schedule E, line 28, column (g)
Nonpassive loss	Schedule E, line 28, column (h)
Nonpassive income	Schedule E, line 28, column (i)

2. **Net rental real estate income (loss)** See the Partner's Instructions
3. **Other net rental income (loss)**
- | | |
|------------|---------------------------------|
| Net income | Schedule E, line 28, column (g) |
| Net loss | See the Partner's Instructions |
4. **Guaranteed payments** Schedule E, line 28, column (i)
5. **Interest income** Form 1040, line 8a
- 6a. **Ordinary dividends** Form 1040, line 9a
- 6b. **Qualified dividends** Form 1040, line 9b
7. **Royalties** Schedule E, line 4
8. **Net short-term capital gain (loss)** Schedule D, line 5, column (f)
- 9a. **Net long-term capital gain (loss)** Schedule D, line 12, column (f)
- 9b. **Collectibles (28%) gain (loss)** 28% Rate Gain Worksheet, line 4 (Schedule D Instructions)
- 9c. **Unrecaptured section 1250 gain** See the Partner's Instructions
10. **Net section 1231 gain (loss)** See the Partner's Instructions

11. **Other income (loss)**

Code	
A	Other portfolio income (loss)
B	Involuntary conversions
C	Sec. 1256 contracts & straddles
D	Mining exploration costs recapture
E	Cancellation of debt
F	Other income (loss)

See the Partner's Instructions
See the Partner's Instructions
Form 6781, line 1
See Pub. 535
Form 1040, line 21 or Form 982
See the Partner's Instructions
See the Partner's Instructions

12. **Section 179 deduction**

See the Partner's Instructions

13. **Other deductions**

A	Cash contributions (50%)	See the Partner's Instructions
B	Cash contributions (30%)	
C	Noncash contributions (50%)	
D	Noncash contributions (30%)	
E	Capital gain property to a 50% organization (30%)	
F	Capital gain property (20%)	See the Partner's Instructions
G	Investment interest expense	
H	Deductions—royalty income	
I	Section 59(e)(2) expenditures	
J	Deductions—portfolio (2% floor)	
K	Deductions—portfolio (other)	
L	Amounts paid for medical insurance	
M	Educational assistance benefits	
N	Dependent care benefits	
O	Preproductive period expenses	
P	Commercial revitalization deduction from rental real estate activities	See the Partner's Instructions
Q	Pensions and IRAs	
R	Reforestation expense deduction	
S	Domestic production activities information	
T	Qualified production activities income	
U	Employer's W-2 wages	
V	Other deductions	

See the Partner's Instructions

Form 4952, line 1
Schedule E, line 18
See the Partner's Instructions
Schedule A, line 22
Schedule A, line 27
Schedule A, line 1 or Form 1040, line 29
See the Partner's Instructions
Form 2441, line 12
See the Partner's Instructions
See Form 8582 Instructions
See the Partner's Instructions
See the Partner's Instructions
See Form 8903 instructions
Form 8903, line 7
Form 8903, line 13
See the Partner's Instructions

14. **Self-employment earnings (loss)**

Note. If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.

A	Net earnings (loss) from self-employment	Schedule SE, Section A or B
B	Gross farming or fishing income	See the Partner's Instructions
C	Gross non-farm income	See the Partner's Instructions

15. **Credits**

A	Low-income housing credit (section 42(j)(5))	See the Partner's Instructions
B	Low-income housing credit (other)	
C	Qualified rehabilitation expenditures (rental real estate)	
D	Other rental real estate credits	
E	Other rental credits	
F	Undistributed capital gains credit	Form 1040, line 70; check box a
G	Credit for alcohol used as fuel	
H	Work opportunity credit	See the Partner's Instructions
I	Welfare-to-work credit	
J	Disabled access credit	

See the Partner's Instructions

See the Partner's Instructions

Code

Report on

K	Empowerment zone and renewal community employment credit	Form 8844, line 3
L	Credit for increasing research activities	See the Partner's Instructions
M	New markets credit	
N	Credit for employer social security and Medicare taxes	
O	Backup withholding	Form 1040, line 64
P	Other credits	See the Partner's Instructions
16.	Foreign transactions	
A	Name of country or U.S. possession	Form 1116, Part I
B	Gross income from all sources	
C	Gross income sourced at partner level	
	<i>Foreign gross income sourced at partnership level</i>	
D	Passive	Form 1116, Part I
E	Listed categories	
F	General limitation	
	<i>Deductions allocated and apportioned at partner level</i>	
G	Interest expense	Form 1116, Part I
H	Other	Form 1116, Part I
	<i>Deductions allocated and apportioned at partnership level to foreign source income</i>	
I	Passive	Form 1116, Part I
J	Listed categories	
K	General limitation	
	<i>Other information</i>	
L	Total foreign taxes paid	Form 1116, Part II
M	Total foreign taxes accrued	Form 1116, Part II
N	Reduction in taxes available for credit	Form 1116, line 12
O	Foreign trading gross receipts	Form 8873
P	Extraterritorial income exclusion	Form 8873
Q	Other foreign transactions	See the Partner's Instructions
17.	Alternative minimum tax (AMT) items	
A	Post-1986 depreciation adjustment	See the Partner's Instructions and the instructions for Form 6251
B	Adjusted gain or loss	
C	Depletion (other than oil & gas)	
D	Oil, gas, & geothermal—gross income	
E	Oil, gas, & geothermal—deductions	
F	Other AMT items	
18.	Tax-exempt income and nondeductible expenses	
A	Tax-exempt interest income	Form 1040, line 8b
B	Other tax-exempt income	See the Partner's Instructions
C	Nondeductible expenses	See the Partner's Instructions
19.	Distributions	
A	Cash and marketable securities	See the Partner's Instructions
B	Other property	See the Partner's Instructions
20.	Other information	
A	Investment income	Form 4952, line 4a
B	Investment expenses	Form 4952, line 5
C	Fuel tax credit information	Form 4136
D	Qualified rehabilitation expenditures (other than rental real estate)	See the Partner's Instructions
E	Basis of energy property	See the Partner's Instructions
F	Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
G	Recapture of low-income housing credit (other)	Form 8611, line 8
H	Recapture of investment credit	Form 4255
I	Recapture of other credits	See the Partner's Instructions
J	Look-back interest—completed long-term contracts	Form 8897
K	Look-back interest—income forecast method	Form 8866
L	Dispositions of property with section 179 deductions	See the Partner's Instructions
M	Recapture of section 179 deduction	
N	Interest expense for corporate partners	
O	Section 453(f)(3) information	
P	Section 453A(c) information	
Q	Section 1260(b) information	
R	Interest allocable to production expenditures	
S	CCF nonqualified withdrawals	
T	Information needed to figure depletion—oil and gas	
U	Amortization of reforestation costs	
V	Unrelated business taxable income	
W	Other information	

Form North Dakota Office of State Tax Commissioner
58 Partnership income tax return

2006

A This return is filed for: ☒ **Calendar year 2006** (Jan. 1 - Dec. 31, 2006)
☐ **Fiscal year:** Beginning _____, 2006, and ending _____, 20__

B Partnership's name (legal)
 Ultimate Outdoor Adventures

Doing business as name (if different from legal name)

Mailing address
 2870 Warwick Loop

City Bismarck State ND Zip Code 58504

C Federal EIN * 26-0070564

D Business code no. (from Form 1065) 515210

E Date business started 1/1/03

F Check all that apply:
☐ Initial return
☐ Final return
☐ Filed by an LLC ☐ Amended return
☐ Composite return ☒ Extension

G **TOTAL number of partners** 2

Enter number of —
 Resident individual partners 2 Partnership partners
 Nonresident individual partners Corporation partners
 Other types of partners

H (1) Is this a "professional service partnership" as defined under N.D.C.C. Section 57-38-01.8(3)(a)? ☐ Yes ☒ No
 (2) If "Yes," check applicable box: ☐ Accounting ☐ Law ☐ Medicine ☐ Other: _____

I Is this a publicly traded partnership as defined under I.R.C. Section 7704(b)? ☐ Yes ☒ No

J Is this partnership a partner (or member) in another partnership or limited liability company? If "Yes," attach a statement listing the name(s) and federal employer identification number(s) of each entity ☐ Yes ☒ No

- Before completing lines 1 through 8 on this page, complete Schedule FACT, Schedule K, and Schedule KP.
- After completing Form 58, complete North Dakota Schedule K-1 (58) for the partners.

1 Income tax withheld from nonresident individual partners (from page 4, Schedule KP, line 3) 1

2 Composite income tax for electing nonresident individual partners (from page 4, Schedule KP, line 4) 2

3 Total taxes due. Add lines 1 and 2 3

4 Estimated tax payments (using 2006 Form 58-EXT) 4

5 **Tax due.** If line 3 is more than line 4, subtract line 4 from line 3; otherwise, go to line 6.
 If result is less than \$5.00, enter -0- 5

6 **Overpayment.** If line 4 is more than line 3, subtract line 3 from line 4.
 If result is less than \$5.00, enter -0- 6

7 Amount of line 6 to be credited to 2007 estimated tax 7

8 **Refund.** Subtract line 7 from line 6. If result is less than \$5.00, enter -0- 8

- Attach a complete copy of the 2006 Form 1065 or 1065-B (including Federal Schedule K-1s)
- Attach a copy of all North Dakota Schedule K-1s (Form 58)

I declare that this return is correct and complete to the best of my knowledge and belief.

Signature of general partner _____ Date _____

Print name of general partner Kurt P Schirado Phone _____

Paid preparer signature _____ Date _____

Print name of paid preparer Michael DeWall EIN/SSN/PTIN 502929777 Phone (701) 258-6839

* Privacy Act - See inside front cover of booklet

☐ I authorize the ND Office of State Tax Commissioner to discuss this return with the preparer identified below.

For Tax Department Use Only

Mail to: Office of State Tax Commissioner, 600 E. Blvd. Ave., Dept. 127,
 Bismarck, ND 58505-0599



Schedule FACT Calculation of North Dakota Apportionment Factor

IMPORTANT: All partnerships must complete the applicable portions of this schedule as follows:

- **100% ND partnership:** If the partnership conducts all of its business within North Dakota, skip lines 1 through 13, and enter 1.000000 on line 14.
- **Multistate partnership:** If the partnership conducts its business within and without North Dakota, complete lines 1 through 14 of this schedule. However, if all of the partners consist of only North Dakota resident individuals, estates, and trusts, skip lines 1 through 13, enter 1.000000 on line 14, and check this box ☐

Property factor

Average value at original cost of real and tangible personal property used in the business. Exclude construction in progress.

**Column 1
Total**

**Column 2
North Dakota**

**Column 3
Factor
(Col. 2 ÷ Col. 1)**

**Result must be
carried to six
decimal places**

1 Inventories	1		
2 Buildings and other fixed depreciable assets	2		
3 Depletable assets	3		
4 Land	4		
5 Other assets (Attach schedule)	5		
6 Rented property (Annual rental multiplied by 8)	6		
7 Total property (Add lines 1 through 6)	7		

Payroll factor

8 Wages, salaries, commissions and other compensation of employees reported on Federal Form 1065 (If the amount reported in Column 2 does not agree with the total compensation reported for North Dakota unemployment insurance purposes, attach an explanation.)	8		
--	---	--	--

Sales factor

9 Gross receipts or sales, less returns and allowances (from Federal Form 1065, page 1, line 1c)	9		
10 Sales delivered or shipped to North Dakota destinations	10		
11 a Sales shipped from North Dakota to the U.S. Government	11a		
b Sales shipped from North Dakota to purchasers in a state or foreign country where the partnership does not have a filing requirement	11b		
12 Total sales (Add lines 9 through 11b)	12		
13 Sum of factors (Add lines 7, 8, and 12 in Column 3)	13		
14 Apportionment factor (Divide line 13 by 3.0; however, if line 7, 8, or 12 of Column 1 is zero, divide line 13 by the number of factors (on lines 7, 8, and 12) showing an amount greater than zero in Column 1)	14		1.000000



Schedule K

**Total North Dakota adjustments, credits, and other items
distributable to partners**

All partnerships must complete this schedule

North Dakota addition adjustments

- 1** Federally-exempt income from non-North Dakota state and local bonds and foreign securities **1** _____
2 State and local income taxes deducted on federal partnership return in calculating its ordinary income (loss) **2** _____

North Dakota subtraction adjustments

- 3** Interest from U.S. obligations **3** _____
4 Renaissance zone business or investment income exemption **4** _____
5 New or expanding business income exemption **5** _____

6 Beginning farmer deductions:

- a** Gain from sale of land to a qualified beginning farmer **6a** _____
b Interest income from contract for sale of land to a qualified beginning farmer **6b** _____
c Rental income (less related expenses) from lease of land to a qualified beginning farmer **6c** _____

7 Beginning entrepreneur deductions:

- a** Gain from sale of a business to a qualified beginning entrepreneur **7a** _____
b Interest income from contract for sale of a business to a qualified beginning entrepreneur **7b** _____
c Rental income (less related expenses) from lease of a business to a qualified beginning entrepreneur **7c** _____

- 8** Gain from eminent domain sale **8** _____

North Dakota tax credits

- 9** Renaissance zone: Historic property preservation or renovation tax credit **9** _____
10 Renaissance zone: Renaissance fund organization investment tax credit **10** _____
11 Seed capital investment tax credit **11** _____
12 Agricultural commodity processing facility investment tax credit **12** _____
13 Supplier (wholesaler) biodiesel fuel tax credit **13** _____
14 Seller (retailer) biodiesel fuel tax credit **14** _____
15 Geothermal, solar, or wind energy device tax credit **15** _____
16 Certified North Dakota nonprofit development corporation tax credit **16** _____

Other items

Line 17 only applies to a professional service partnership — see instructions

- 17 a** Guaranteed payments from Federal Form 1065 (or 1065-B), Schedule K **17a** _____
b Portion of line 17a paid for services performed everywhere by all partners **17b** _____
c Portion of line 17b paid to nonresident individual partners for services performed in North Dakota **17c** _____

Line 18 applies only to a multistate partnership — see instructions

- 18 a** Total allocable income from all sources (net of related expenses) **18a** _____
b Portion of line 18a that is allocable to North Dakota **18b** _____

Line 19 applies to all partnerships — see instructions

- 19** For disposition(s) of I.R.C. Section 179 property, enter the North Dakota amounts — see instructions:
- a** Gross sales price or amount realized **19a** _____
b Cost or other basis plus expense of sale **19b** _____
c Depreciation allowed or allowable (excluding I.R.C. Section 179 deduction) **19c** _____
d I.R.C. Section 179 deduction related to property that was passed through to partners **19d** _____



Schedule KP Partner information

All partnerships must complete this schedule

- Complete Columns 1 through 5 for EVERY partner
- Complete Column 6 if partner is a nonresident individual, estate, or trust
- If applicable, complete Column 7 or Column 8 for a nonresident individual partner only

All Partners				
Partner	Column 1		Column 2	Column 3
	Name and address of partner <small>If additional lines are needed, attach additional pages</small>		Social Security Number/FEIN	Type of entity <small>(See pg. 7 of instr.)</small>
A	Name Kurt P Schirado			I
	Address 2870 Warwick Loop, Bismarck, ND 58504			50
B	Name John W Armon			I
	Address 3205 89th Ave SE, Bismarck, ND 58504			50
C	Name			
	Address			
D	Name			
	Address			
E	Name			
	Address			
F	Name			
	Address			
G	Name			
	Address			

Partner	All Partners	Nonresident Partners Only		
		Individuals, estates, and trusts	Individuals only	
		Column 6	Column 7	Column 8
	Column 5 Federal distributive share of income (loss)	North Dakota distributive share of income (loss)	North Dakota income tax withheld (5.54%)	North Dakota composite income tax (5.54%)
A				
B				
C				
D				
E				
F				
G				

1 Total for Column 5 1

2 Total for Column 6 2

3 Total for Column 7. Enter this amount on Form 58, page 1, line 1 3

4 Total for Column 8. Enter this amount on Form 58, page 1, line 2 4

**North Dakota
Schedule K-1
(Form 58)**
2006
**Partner's Share of North Dakota Income (Loss),
Deductions, Adjustments, Credits, and Other Items**

▶ See separate instructions

Part 1 Partnership information
A Partnership's federal EIN
26-0070564

B Partnership's name, address, city, state, and ZIP code

 Ultimate Outdoor Adventures
2870 Warwick Loop
Bismarck, ND 58503
Part 2 Partner information
C Partner's SSN or FEIN (from Federal Schedule K-1)
502-78-6648

D Partner's name, address, city, state, and ZIP code
(from Federal Schedule K-1)

 Kurt P Schirado
2870 Warwick Loop
Bismarck, ND 58503

E What type of entity is this partner? Individual
F If partner is an individual, estate, or trust, partner is a:

☒ **Full-year resident** of North Dakota ☐ **Part-year resident** of North Dakota
☐ **Full-year nonresident** of North Dakota

G Is partner included in a composite return? ☐ Yes ☒ No

H Partner's share of profit and loss:

	Beginning	Ending
Profit	50 %	50 %
Loss	50 %	50 %

I Partner's ownership percentage: 50 %
Part 3 All partners - North Dakota adjustments and tax credits

- 1 Federally-exempt income from non-ND state and local bonds and foreign securities
- 2 State and local income taxes deducted in calculating ordinary income (loss)
- 3 Interest from U.S. obligations
- 4 Renaissance zone income exemption
- 5 New or expanding business exemption
- 6 **a** Beginning farmer gain deduction
- b** Beginning farmer interest deduction
- c** Beginning farmer rent deduction
- 7 **a** Beginning entrepreneur gain deduction
- b** Beginning entrepreneur interest deduction
- c** Beginning entrepreneur rent deduction
- 8 Gain from eminent domain sale

☐ Final ☐ Amended

 Partnership's
tax year:

☒ **Calendar year 2006** (Jan. 1 - Dec. 31, 2006)

☐ **Fiscal year:** Beginning _____, 2006

Ending _____, 20__

Part 3 continued . . .

- 9 Renaissance zone: Historic property preservation/renovation tax credit
- 10 Renaissance zone: Renaissance fund organization investment tax credit
- 11 Seed capital investment tax credit
- 12 Agricultural commodity processing facility investment tax credit
- 13 Supplier biodiesel fuel tax credit
- 14 Seller biodiesel fuel tax credit
- 15 Geothermal, solar, or wind energy device tax credit
- 16 Certified North Dakota nonprofit development corporation investment tax credit

Part 4 Nonresident individual, estate or trust partner only - North Dakota income (loss)

- 17 Partnership's apportionment factor
- 18 Ordinary income (loss)
- 19 Net rental real estate income (loss)
- 20 Other net rental income (loss)
- 21 Guaranteed payments
- 22 Interest income
- 23 Ordinary dividends
- 24 Royalties
- 25 Net short-term capital gain (loss)
- 26 Net long-term capital gain (loss)
- 27 Net section 1231 gain (loss)
- 28 Other income (loss)
- 29 Section 179 deduction
- 30 Other deductions
- 31 I.R.C. Section 179 property disposition gain (loss)

Part 5 Nonresident individual partner only

- 32 North Dakota distributive share of income (loss)
- 33 North Dakota income tax withheld
- 34 North Dakota composite income tax

North Dakota
Schedule K-1
(Form 58)
2006
Partner's Share of North Dakota Income (Loss),
Deductions, Adjustments, Credits, and Other Items

▶ See separate instructions

Part 1 Partnership information**A** Partnership's federal EIN**B** Partnership's name, address, city, state, and ZIP code
 Ultimate Outdoor Adventures
 2870 Warwick Loop
 Bismarck, ND 58503
Part 2 Partner information**C** Partner's SSN or FEIN (from Federal Schedule K-1)**D** Partner's name, address, city, state, and ZIP code (from Federal Schedule K-1)
 John W Armon
 3205 89th Ave SE
 Bismarck, ND 58504
E What type of entity is this partner? Individual**F** If partner is an individual, estate, or trust, partner is a:
☒ **Full-year resident** of North Dakota ☐ **Part-year resident** of North Dakota
☐ **Full-year nonresident** of North Dakota
G Is partner included in a composite return? ☐ Yes ☒ No**H** Partner's share of profit and loss:

	Beginning	Ending
Profit	50 %	50 %
Loss	50 %	50 %

I Partner's ownership percentage: 50 %**Part 3 All partners (with deductions, adjustments, and credits)**

- 1** Federally-exempt income from non-ND state and local bonds and foreign securities
- 2** State and local income taxes deducted in calculating ordinary income (loss)
- 3** Interest from U.S. obligations
- 4** Renaissance zone income exemption
- 5** New or expanding business exemption
- 6** **a** Beginning farmer gain deduction
- b** Beginning farmer interest deduction
- c** Beginning farmer rent deduction
- 7** **a** Beginning entrepreneur gain deduction
- b** Beginning entrepreneur interest deduction
- c** Beginning entrepreneur rent deduction
- 8** Gain from eminent domain sale

☐ Final ☐ Amended

Partnership's tax year: ☒ **Calendar year 2006** (Jan. 1 - Dec. 31, 2006)
☐ **Fiscal year:** Beginning _____, 2006
 Ending _____, 20 ____
Part 3 continued

- 9** Renaissance zone: Historic property preservation/renovation tax credit
- 10** Renaissance zone: Renaissance fund organization investment tax credit
- 11** Seed capital investment tax credit
- 12** Agricultural commodity processing facility investment tax credit
- 13** Supplier biodiesel fuel tax credit
- 14** Seller biodiesel fuel tax credit
- 15** Geothermal, solar, or wind energy device tax credit
- 16** Certified North Dakota nonprofit development corporation investment tax credit

Part 4 Nonresident individual partner only (North Dakota income (loss))

- 17** Partnership's apportionment factor
- 18** Ordinary income (loss)
- 19** Net rental real estate income (loss)
- 20** Other net rental income (loss)
- 21** Guaranteed payments
- 22** Interest income
- 23** Ordinary dividends
- 24** Royalties
- 25** Net short-term capital gain (loss)
- 26** Net long-term capital gain (loss)
- 27** Net section 1231 gain (loss)
- 28** Other income (loss)
- 29** Section 179 deduction
- 30** Other deductions
- 31** I.R.C. Section 179 property disposition gain (loss)

Part 5 Nonresident individual partner only

- 32** North Dakota distributive share of income (loss)
- 33** North Dakota income tax withheld
- 34** North Dakota composite income tax

Application for Automatic 6-Month Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

► File a separate application for each return.

Type or Print

File by the due
date for the
return for which
an extension is
requested. See
instructions.

Name

ULTIMATE OUTDOOR ADVENTURES

Identifying number

26-0070564

Number, street, and room or suite no. (If P.O. box, see instructions.)

2870 WARWICK LOOP

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

BISMARCK, ND 58504

Note. See instructions before completing this form.

1 Enter the form code for the return that this application is for (see below) **0 9**

2 If the foreign corporation does not have an office or place of business in the United States, check here . . . ► ☐

3 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . ► ☐

4a The application is for calendar year 20 **06**, or tax year beginning 20, and ending, 20

b **Short tax year.** If this tax year is less than 12 months, check the reason:

☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

5 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ► ☐

If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

6 Tentative total tax **6 0**

7 Total payments and credits (see instructions) **7 0**

8 **Balance due.** Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions) **8 0**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-H	17
Form 706-GS(T)	02	Form 1120-L	18
Form 990-C (2005 fiscal year filers only)	03	Form 1120-ND	19
Form 1041 (estate)	04	Form 1120-ND (section 4951 taxes)	20
Form 1041 (trust)	05	Form 1120-PC	21
Form 1041-N	06	Form 1120-POL	22
Form 1041-QFT	07	Form 1120-REIT	23
Form 1042	08	Form 1120-RIC	24
Form 1065	09	Form 1120-S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120 (sub T) (2005 fiscal year filers only)	13	Form 8613	29
Form 1120-A	14	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33